## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10-646-903

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                               |              |                  |            | SMALL ENTITY TYPE ( |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---|--|---|--------------|-------------------------------|--------------|------------------|------------|---------------------|------------------------|-------|-------------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 33           |                               |              |                  |            | RATE                | FEE                    |       | RATE                          | FEE                    |  |
| FOR   |  |   | NUMBER FILED |                               | NUMBER EXTRA |                  |            | BASIC FE            | 375.00                 | OR    | BASIC FEE                     | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 33 minus 20= |                               | • 13         |                  |            | X\$ 9≈              | 117                    | OR    | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =  |                               | · 0          |                  |            | X42=                |                        | OR    | X84=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM P  |  |   | RESENT       |                               |              |                  |            | +140=               |                        | OR    | +280=                         |                        |  |
| * if the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                               |              |                  | TOTAL      | 492                 | OR                     | TOTAL |                               |                        |  |
| CLAIMS AS AMENDED - PART II  10-1-0- (Column 1) (Column 2) (Column 3)   |  |   |              |                               |              |                  | L          |                     | ENTITY                 | OR    | OTHER<br>SMALL                |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER          | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| NDN   | Total  | · 15                                      | Minus        | ** 3                          | 3_           | .0               |            | XS=0=               |                        | OR    | X\$18=                        |                        |  |
| AME   | Independent                                    | * C                                       | Minus        | ***                           | 3            | -3               | 4          | X42=                | 300                    | OR    | X84=                          |                        |  |
|   | FIRST PRESE                                    | MATION OF MI                              | JULIPLE DEI  | PENDEN                        | CLAIM        |                  | 1          | ±140=               |                        | OR    | +280=                         |                        |  |
|   |  |   |              |                               |              |                  |            | TOTAL               |                        | ΩĐ    | TOTAL<br>ADDIT: FEE           |                        |  |
|   |  | (Column 1)                                |              | (Colur                        | nn 2)        | (Column 3)       |            | ADDIT. FEE          |                        | •     | ADDII. FEE                    |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                            |              | 3                |            | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
| AME   | Independent                                    | *   | Minus        | ***                           |              | =                |            | X42=                |                        | OR    | X84=                          |                        |  |
| Ľ   | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEI  | PENDENT                       | CLAIM        |                  | <b>.</b> ] | +140=               |                        | OR    | +280=                         |                        |  |
|   |  |   |              |                               |              |                  |            | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |  |
|   |  | (Column 1)                                |              | (Colur                        |              | (Column 3)       |            |                     |                        | •     |                               |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER          | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | PATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total ,  | •   | Minus        | **                            |              | <b>.</b>         |            | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
| AME   | Independent                                    | *   | Minus        | ***                           |              | -                | 11         | X42=                |                        | OR    | X84=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |              |                  |            | +140=               |                        |       | +280=                         | •••                    |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |              |                               |              |                  |            |                     | OR                     | TOTAL |                               |                        |  |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |  |   |              |                               |              |                  |            |                     |                        | OR    | ADDIT. FEE                    | L                      |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |  |   |              |                               |              |                  |            |                     |                        |       |                               |                        |  |